Evaluating a Casualty

NBC Warning

If there are any signs of nerve agent poisoning, stop the evaluation, take the necessary NBC protective measures, and then resume appropriate first aid measures.

Take the following actions before approaching the casualty

Scan the area for danger

- Small arms fire
- Fire or explosive device
- Chemical/Biological agents
- Electrical hazards
- Structural stability

Before approaching the casualty

- Determine best route of access to the casualty and the best route of egress
- Plan an evacuation route prior to exposing yourself to hostile fire
- Request covering fire
- Anticipate the types of injuries the casualty may have received

Before approaching the casualty

- Anticipate how your actions will affect the enemy's fire
- Plan what you will do to help the casualty before you go to the casualty's aid

Approach the casualty

Remember, if you and the casualty are still under hostile fire, return fire as directed or required. Do not expose yourself to enemy fire in order to provide care.

Approach the casualty

- Suppress enemy fire
- If possible, direct casualty to return fire, move to cover, and administer self-aid
- “Play dead” if necessary

Approach the casualty

When the situation allows:

- **Approach the casualty by the safest route**
- **Form a general impression (extent of injuries, chance of survival)**
- **If you decide to move, take the casualty's weapon and other mission-essential equipment with you**

Check for responsiveness

- Gently shake or tap the casualty on the shoulder and ask in a loud, but calm, voice: “Are you okay?”
- AVPU
- If conscious, ask where it hurts or where his body feels different than usual.

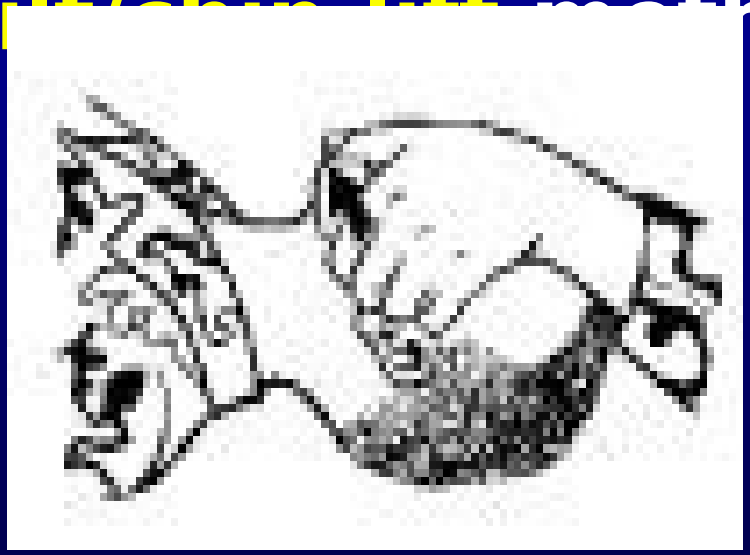
Check for responsiveness

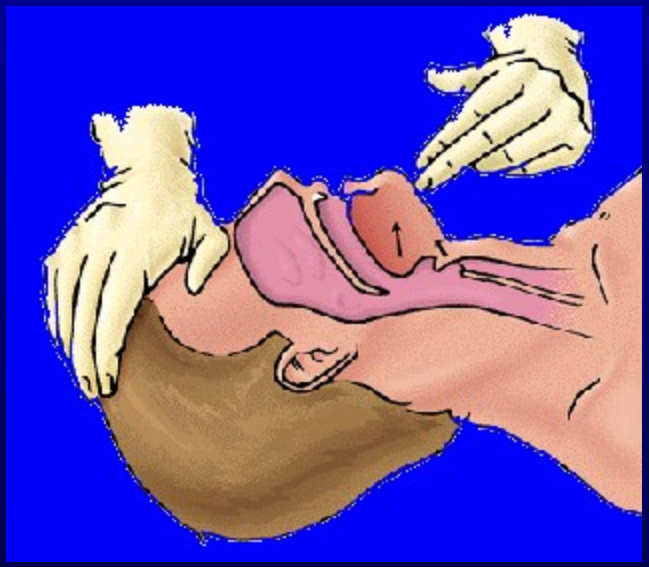
- **If unconscious, position on back and open airway**
  - **Head-Tilt/Chin-Lift**
  - **Jaw Thrust**
  - **Airway Adjuncts (nasopharyngeal)**

Position the casualty on his back

Check the casualty for breathing

- If you suspect head or neck injuries, use the **jaw thrust** method to open the airway. Otherwise, use the **head-tilt/chin-lift** method





Check the casualty for breathing

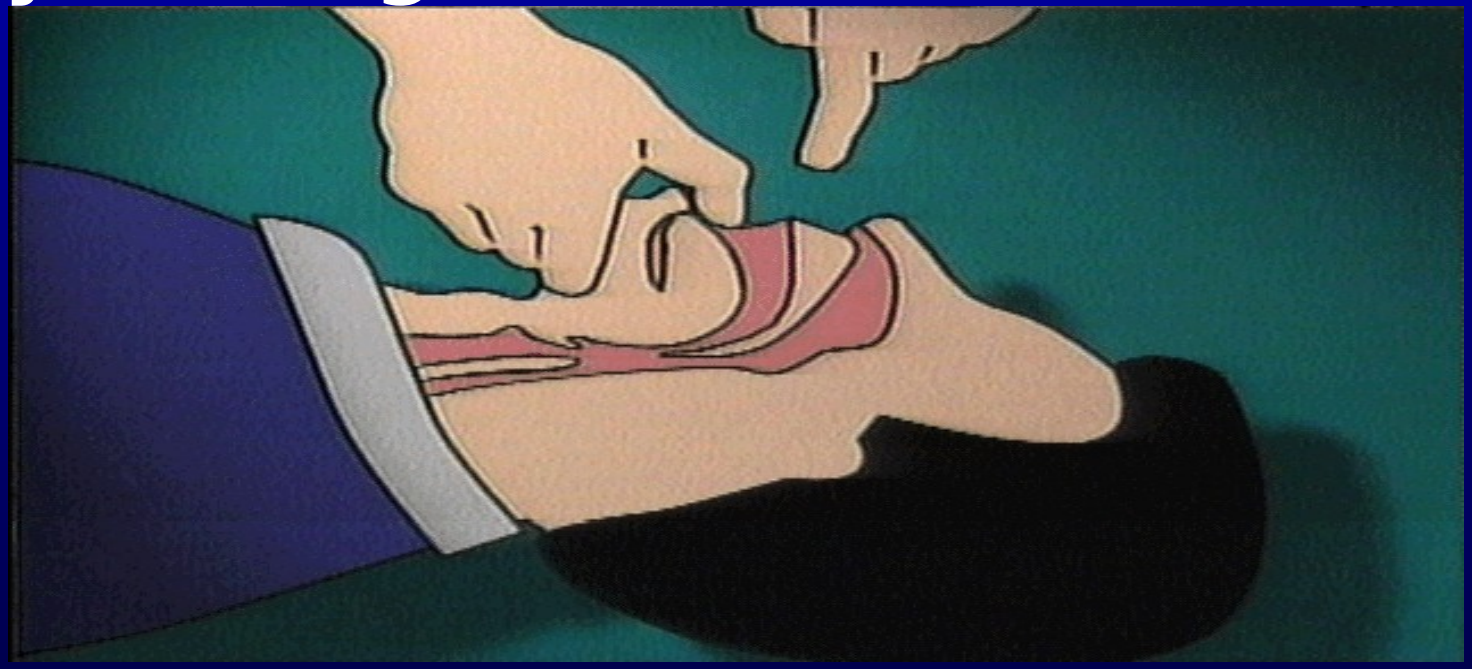
Look **for rise and fall of chest and abdomen**

Listen **for sounds of breathing**

Feel **for breath on the s of your face**

Check the casualty for breathing

- **Check the casualty's mouth: Remove foreign material with your fingers**



Check the casualty for breathing

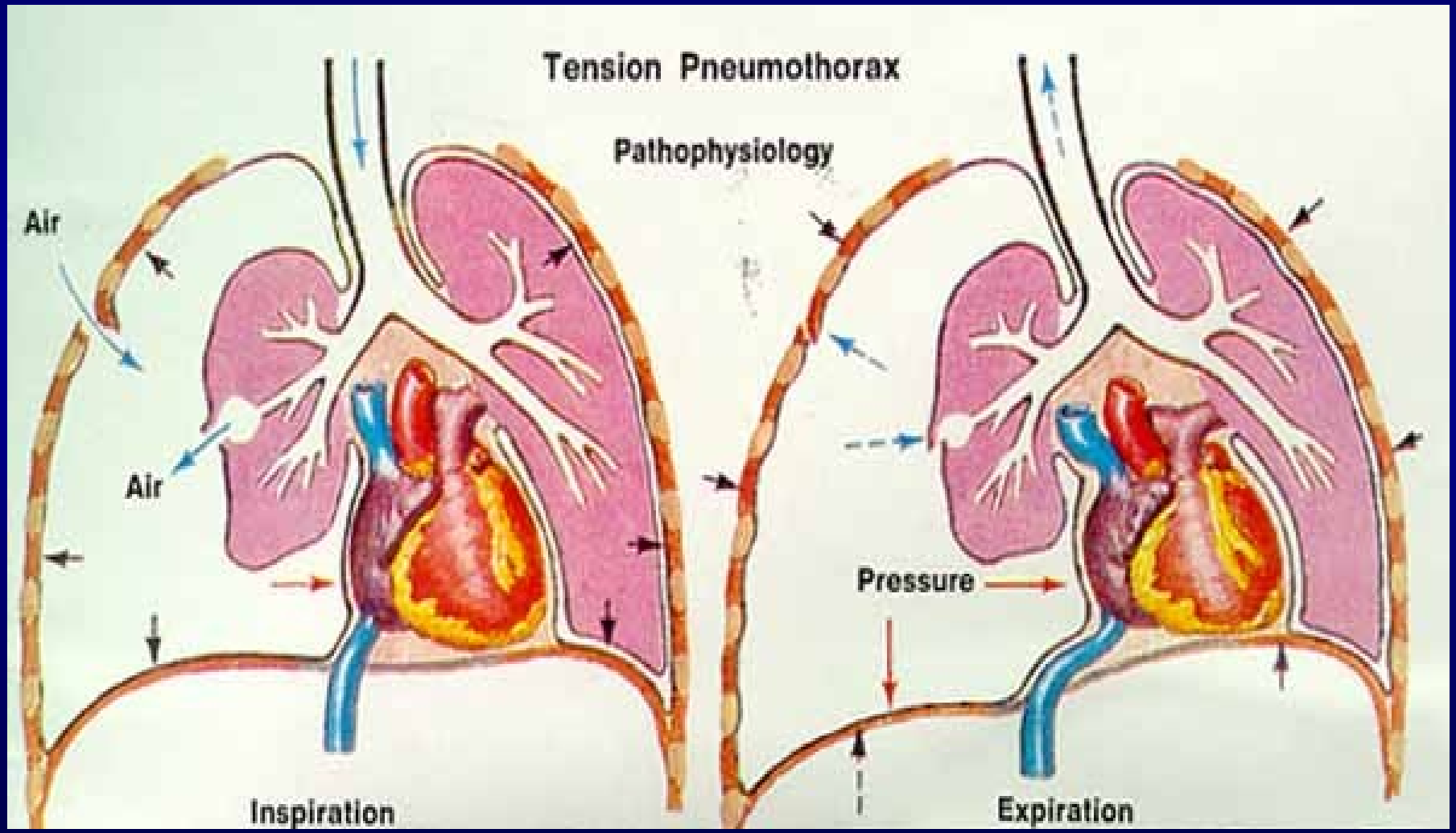
- If the casualty has a penetrating chest wound and is breathing or making an effort to breath, stop the evaluation and apply an occlusive dressing to the open chest wound.

- If the casualty has a penetrating chest wound, is not breathing and is not making any effort to breath, do not attempt to treat the injury.

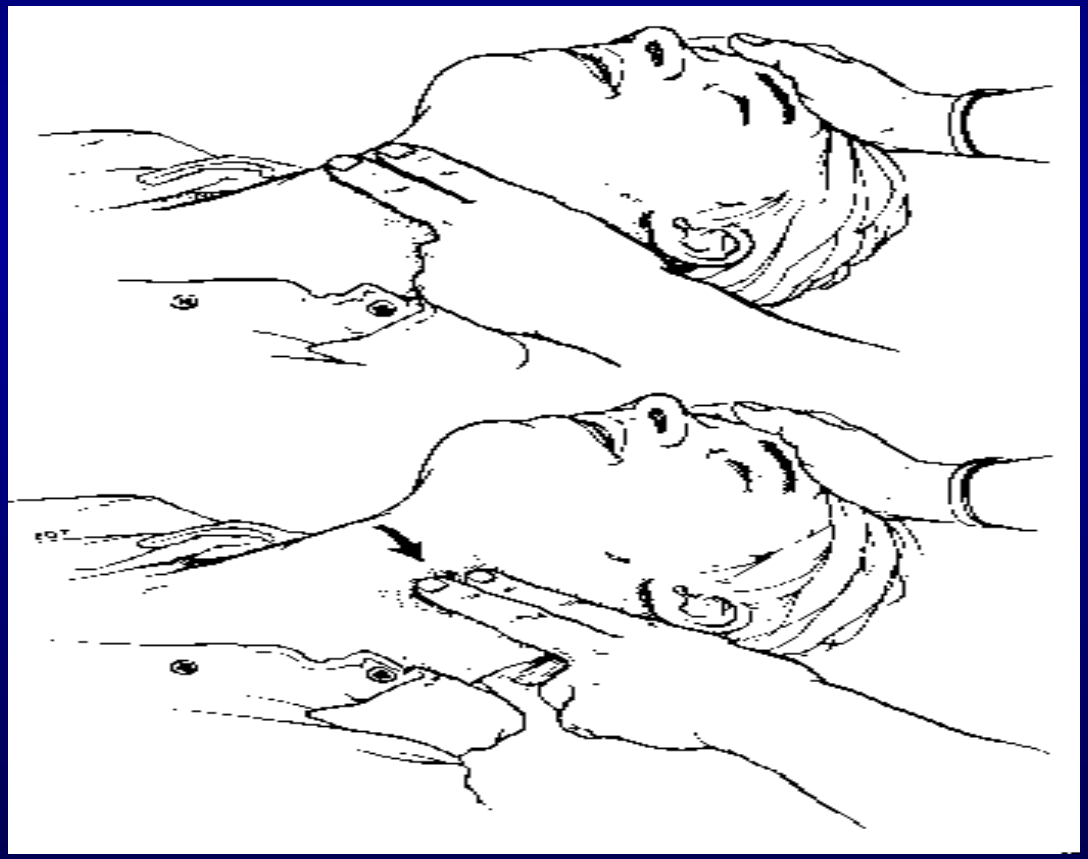
- In a combat situation, if you find a casualty with no signs of life (no respiration and no pulse), do not continue first aid on the casualty.

OPEN CHEST WOUND

TENSION PNEUMOTHORAX



Carotid Pulse
(10 seconds)



Check the casualty for bleeding

- Look for blood soaked clothes
- Look for entry and exit wounds

If life-threatening bleeding from an extremity (arm or leg) is present, stop the evaluation and control the bleeding using a tourniquet or other means.

Provide additional care

- Send a soldier to find a Combat Medic
- Monitor the casualty until the Combat Medic arrives
- Reassure the casualty
- If mission allows, provide assistance to the Combat Medic

Provide additional care

- Fill out a field medical card (DD Form 1380) and request evacuation (MEDEVAC request)
- Act as a leader of litter team
- Ride with casualty

Summary

As discussed in lesson 1, the three primary preventable causes of death from injury on the battlefield are:

- Severe bleeding (apply a tourniquet or emergency trauma dressing)
- Collapsed lung (perform needle chest decompression)
- Airway blockage (insert a nasopharyngeal airway)

Summary

Circumstances in which you should not treat a casualty while you are under enemy fire:

- **Your own life is in imminent danger**
- **Other Soldiers in area require more urgent treatment**
- **The casualty does not have vital (life) signs (breathing, pulse)**

Summary

Circumstances in which you should <u>not</u> treat a casualty while you are under enemy fire:

- **The casualty's injury is not survivable without immediate evacuation to a medical treatment facility and such evacuation is not possible**

Penetrating head trauma with brain tissue exposed
Severe burns covering a large part of the body
Mutilating blast injuries

QUESTIONS?